

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769848

FILED
Jan 07, 2011
Secretary of State

Entity Name: CHRISTIAN 12 STEP MINISTRY, INC.

Current Principal Place of Business:

415 NW FIRST AVE.
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4321
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-2331714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EARNEST, LONNIE
3062 SE 159TH LANE RD
SUMMERFIELD, FL 34491 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SPILLER, RALPH DR.
Address: 16571 SE 95TH CT.
City-St-Zip: SUMMERFIELD, FL 34491

Title: VP
Name: GREGORY, ROBERT JR.
Address: 1800 SANFORD AVE.
City-St-Zip: SANFORD, FL 32771

Title: TR
Name: BRAD, BURNETT
Address: 150 NE 52ND CT.
City-St-Zip: OCALA, FL 34470

Title: D
Name: PORTER, EARNESTINE
Address: 1618 NE 21ST STREET
City-St-Zip: OCALA, FL 34470

Title: D
Name: GARRETT, JIMMY SR.
Address: 6525 SW 138TH TERRACE
City-St-Zip: SUMMERFIELD, FL 34481

Title: D
Name: FISHER, PHILLIP
Address: 4680 SW 22ND PLACE
City-St-Zip: OCALA, FL 34474

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: C. LONNIE EARNEST

ED

01/07/2011

Electronic Signature of Signing Officer or Director

Date